# 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

I. Name of Lob	obyist(s) Paul	a T. Rogers		
II. Name of lob	byist's partnership	, firm or corporation, if a	any:	
_Anthem Inc	., and its Affiliate (Name of partnershi	es o, firm or corporation)	,	
	55 Elm Street	Manchester	NH	03101
Business Address	: (Street)	(Town/City)	(State)	(Zip Code)
(603) <u>541-21</u> . (Teleph		( )(Fax	e-mail_paula.ro	ogers@anthem.com
reportable expe	ense transactions wi	e one – file separate repo nich are not attributable	rts for each client, OR you m to any one client).	
			the reporting date relative to t	he following client:
Anthen	n Inc., and its Affi (Full Name of	Client as it appears on the Lo	hhvist Registration Form)	<del></del>
<u>OR</u>	,	as it appears on the Ed	sooyist registration i offin	
☐ All reportable unrelated to any	transactions by the particular client.	lobbyist (including the lob	obyist's family), or the lobbyin	g firm listed below which are
IV. Date of Rep Reports cover:		18 🛚	July 25, 2018 activity from 4/1/18 to 6/30/18	3
	October 31, activity from 7/1		January 30, 2019 activity from 10/1/18 to 12/31	
V. There have If this box is chec Concord, NH 03.	cked, complete just th	ved and no reportable his form and submit it to the	e transactions made since to the Secretary of State's Office, S	he last report.   State House, Room 204,
VI. Check if add	litional reports are	attached:		
			ile <b>Addendum A</b> – Fees and E	xnenses
☐ If you have p Expense Reimbu	oaid an honorarium o rsement	r reimbursed expenses, yo	u must file Addendum B-Re	port of Honorariums or
X If you, your f	firm, or your family l	nas made political contribu	utions, you must file Addendu	m C-Political Contributions
I have read RSA and complete to the	t/Affirmation by Le 15, RSA 15-B, RSA he best of my knowle byist)	14-C and RSA 664 and he edge and belief.	ereby swear or affirm that the f	
Paula T. Rog (Print Name of lo	ers		(Dat	RECEIVED
	• •			

APR: 2 0 2018

### P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paula T. Rogers	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Anthem Inc., and its Affiliates  (Name of partnership, firm or corporation)	
III. Name of Client Anthem Inc., and its Affiliates	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>26,000.00</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ <u>0.00</u> ar)
c) Total of all fees received to date (Add lines a and b)	c) \$26,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for he of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _4000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ _ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$4000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(Signature of lobbyist)	April 18 0018
	(Date)
Paula T. Rogers (Print Name of lobbyist)	
(	

I. Name of Lobbyist(s)	Paula T. Rogers		
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
Anthem Inc., and it	s Affiliates		
	artnership, firm or corporation)		
III. Name of Client An	them Inc., and its Affi	liates	Date
III Name of Chem	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Date
Political Contributions		DOL OI	
client/lobbyist and lobby			oter 664 paid on behalf of the
enena loboyist and lobby	ing inm, indicate the ro	nowing.	
Full name of candidate:	Feltes	Dan	
i un name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candidate	is Seeking NH Senate Seat
Amount of contribution \$_		Office Candidate i	is seeking 1411 schare seat
Full name of candidate:	NH Senate Republ	ican PAC	
i un name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	500.00	Office Candidate is	s Seeking NH Senate Seats
	ontribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:	Hennessey	Martha	(Mi 44lo Norra/I-14ia)
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Condidate i	s Seeking NH Senate Seat



I. Name of Lobbyist(s)	Paula T. Rogers		
II. Name of lobbyist's pa	rtnership, firm or co	rporation, if any:	
Anthem Inc., and	-		
	rtnership, firm or corporation)		
III. Name of Client Ant	hem Inc., and its Affi	iliates	Date
Political Contributions For each political contrib client/lobbyist and lobbyi			ter 664 paid on behalf of the
Full name of candidate:	Fuller Clark (Last Name)	Martha (First Name)	(Middle Name/Initial)
Amount of contribution \$			s Seeking NH State Senate
Full name of candidate: _	Cavanaugh (Last Name)	Kevin (First Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candidate is	Seeking NH State Senate
If the contribution is an in-k actual cost of the in-kind con enter an estimated value and	ntribution on the line abo	a description of the good	ls or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	Woodburn (Last Name)	Jeff (First Name)	(Middle Name/Initial)



I. Name of Lobbyist(s)	Paula T. Rogers		
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
Anthom Inc. and	ita Affiliatas	•	
Anthem Inc., and (Name of p	artnership, firm or corporation)		
III. Name of Client Anthem Inc., and its Affiliates			
III. Name of Client An	mem me., and its Am	Date	
<b>Political Contributions</b>			
For each political contril	oution that is reportable	pursuant to RSA Chapter 664 paid on behalf of the	
client/lobbyist and lobby	ring firm, indicate the fo	llowing:	
Full name of candidate:	Lasky	Bette	
	(Last Name)	(First Name) (Middle Name/Initial)	
Amount of contribution \$	250.00	Office Candidate is Seeking NH State Senate	
actual cost of the in-kind co	ontribution on the line above	a description of the goods or services provided, and enter the ve for amount of contribution. If the actual cost is not known,	
Full name of candidate:			
	(Last Name)	(First Name) (Middle Name/Initial)	
Amount of contribution \$ _	250.00	Office Candidate is Seeking NH Senate Seats	
If the contribution is an in-	kind contribution, provide	a description of the goods or services provided, and enter the	
actual cost of the in-kind co	ontribution on the line above	we for amount of contribution. If the actual cost is not known,	
enter an estimated value an	d the word "estimate."		
		<del></del>	
	-		
Full name of candidate:	Committee to Elect		
	(Last Name)	(First Name) (Middle Name/Initial)	
Amount of contribution \$	250.00	Office Candidate is Seeking NH House Seats	



I. Name of Lobbyist(s)P	aula T. Rogers		
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Anthem Inc., and its	Affiliates		
	ership, firm or corporation)		
III. Name of ClientAnth	nem Inc., and its Aff	filiates	Date
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	(Last Name)	Chris (First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	00.00	Office Candidate is	s Seeking Governor
Full name of candidate			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abo	a description of the good ve for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

		<del></del>		
(If more than th	ree contributions were	e made, report addition	al contributions on sepa	rate addendum C forms.)
Sworn State	ment/Affirmatio	n by Lobbyist		
I have read R is true and co	SA 15, RSA 15-Fomplete to the bes	B and RSA 664 and t of my knowledge	I hereby swear or as and belief.	ffirm that the foregoing information
(Signature o	- 1. May	-5		April 18 2018